

## **HUB SUBCONTRACTING PLAN**

The contracting agency has determined that subcontracting opportunities are probable under this contract. Therefore, all respondents, including State of Texas certified Historically Underutilized Businesses (HUBs), are required to complete and submit this HUB Subcontracting Plan (HSP) with their response (bid, proposal, offer or other applicable expression of interest).

### <u>IF YOUR RESPONSE DOES NOT CONTAIN AN HSP, IT SHALL BE REJECTED AS</u> A MATERIAL FAILURE TO COMPLY WITH THE ADVERTISED SPECIFICATIONS.

1.	Res	espondent and Solicitation Information			
	a.	State Agency/University Name: Department of Information Resources			
	b.	Company Name: MARK III Systems, Inc. – SEE PAGE 12 FOR SELF-PERFORMANCE PLAN			
	C.	Is your company a State of Texas certified HUB? 🔀 - Yes 🔲 - No If Yes, provide VID/Certificate #: 1760484797400			
	٨	Solicitation Numbers DID SDD TMD 070			

d. Solicitation Number: <a href="DIR-SDD-TMP-070">DIR-SDD-TMP-070</a>

By signature on solicitation response, respondent certifies that its HSP and supporting documentation are true and correct and understands that if awarded any portion of the solicitation referenced above, any modifications to the HSP must be submitted to the contracting agency for prior approval. In addition, respondent understands that if the HSP is modified without the contracting agency's prior approval, respondent will be in breach of contract and subject to any remedial actions provided by Texas Government Code, Chapter 2161. Respondent also understands that if awarded this solicitation, respondent will be required to submit monthly compliance report(s) to the contracting agency, specifying the use, including expenditures to HUB subcontractor(s), if applicable. (See Prime Contractor Progress Assessment Report at http://www.tbpc.state.tx.us/hubbid/forms/index.html.)

#### 2. Development of an HSP and Subcontracting Intentions

In developing the HSP, which includes dividing the contract work into reasonable lots or portions to the extent consistent with prudent industry practices, the respondent must determine what portion(s) (including goods or services) they intend to subcontract. If the respondent determines that they are able to fulfill all of the potential subcontracting opportunities identified with its own equipment, supplies, materials and/or employees, the respondent must complete the Self Performance HSP (enclosed) and provide a statement explaining how they intend to fulfill the entire contract scope of work.

Space is provided to list up to six (2a-2f) subcontracting opportunities on this form. *The respondent must complete Item 3 of the HSP for <u>each</u> <u>subcontracting opportunity</u>. If there are more than six subcontracting opportunities, Item 3 may be photocopied and completed for each subcontracting opportunity.* 

I intend to subcontract the following portion(s)/scope of work:

(a)	(d)
(b)	(e)
(c)	(f)

NOTE: In accordance with Texas Government Code, Chapter 2251.001, a "Subcontractor" means a person who contracts with a vendor to work or contribute toward completing work for a governmental entity. In addition, a "Vendor" means a person who supplies goods or a service to a governmental entity or another person directed by the entity.

(Note: Use this attachment for the Subcontracting Opportunity you identified in Item 2a.) a. Mentor Protégé Program A respondent's participation as a Mentor in a State of Texas Mentor Protégé Agreement under Texas Government Code, Chapter 2161.065 and the use of their Protégé as a subcontractor to perform the scope of work they listed in Item 2a of this HSP, constitutes a good faith effort. If applicable, do you intend to subcontract the portion of work you listed in Item 2a to your Protégé? - Yes (If Yes, skip to Item 3e and omit Item 3b, 3c and 3d.) - No Not Applicable b. <u>Professional Services Contracts Only</u> (This item is only applicable for professional services subcontracting opportunities.) My proposed HUB Subcontracting Plan for this professional services contract (as defined by Texas Government Code 2254) meets or exceeds Annual Procurement Utilization goals for HUBs. - Yes (If Yes, skip to Item 3e and omit Item 3c and 3d.) - No - Not Applicable c. Check the appropriate box to identify the good faith effort you made to solicit and notify State of Texas certified HUBs to perform the scope of work you listed in Item 2a. If applicable, all items below must be performed to demonstrate good faith effort. The contracting agency shall request additional documentation to substantiate your responses prior to contract award. - I utilized the Centralized Master Bidders List, the HUB Directory, the Internet, and other directories identified by the contracting agency to solicit my subcontracting opportunity to HUBs that may be available to perform the contract work. \_\_\_ - I provided notice to three (3) or more HUBs per each subcontracting opportunity that provide the type of work required for each subcontracting opportunity.\* - I provided notice to minority or women trade organizations or development centers to assist in identifying HUBs by disseminating subcontracting opportunities to their membership/participants.\* d. In the spaces provided below, list a minimum of three (3) State of Texas certified HUBs who you provided notice regarding the subcontracting opportunity you listed in Item 2a. Include the date(s) you provided notice and indicate if you received a response(s). **Company Name** Notice Date Was Response Received? \_\_1\_1\_\_1\_\_ - Yes - No \_\_1 \_\_1 \_\_ - Yes - No \_\_1 \_\_1 \_\_ - Yes - No In the space provided below, identify the subcontractor(s) you selected to perform the scope of work you listed in Item 2a. Also, list the expected percentage of work to be subcontracted; the approximate dollar value of the work to be subcontracted, and indicate if the company is a State of Texas certified HUB. **Approximate** Expected % Texas of Contract **Dollar Amount Certified HUB? Company Name** VID# - Yes - No Expected % **Approximate Company Name** of Contract **Dollar Amount** VID# Texas Certified HUB? - Yes - No Provide/Select justification if subcontractor(s) is not a Texas certified HUB: - Lowest Price - Best Qualified - Best Value

Good Faith Effort Information and Supporting Documentation

Good Faith Effort Information and Supporting Documentation (Note: Use this attachment for the Subcontracting Opportunity you identified in Item 2b.) a. Mentor Protégé Program A respondent's participation as a Mentor in a State of Texas Mentor Protégé Agreement under Texas Government Code, Chapter 2161.065 and the use of their Protégé as a subcontractor to perform the scope of work they listed in Item 2b of this HSP, constitutes a good faith effort. If applicable, do you intend to subcontract the portion of work you listed in Item 2b to your Protégé? - Yes (If Yes, skip to Item 3e and omit Item 3b, 3c and 3d.) - No Not Applicable b. <u>Professional Services Contracts Only</u> (This item is only applicable for professional services subcontracting opportunities.) My proposed HUB Subcontracting Plan for this professional services contract (as defined by Texas Government Code 2254) meets or exceeds Annual Procurement Utilization goals for HUBs. - Yes (If Yes, skip to Item 3e and omit Item 3c and 3d.) - No - Not Applicable c. Check the appropriate box to identify the good faith effort you made to solicit and notify State of Texas certified HUBs to perform the scope of work you listed in Item 2b. If applicable, all items below must be performed to demonstrate good faith effort. The contracting agency shall request additional documentation to substantiate your responses prior to contract award. - I utilized the Centralized Master Bidders List, the HUB Directory, the Internet, and other directories identified by the contracting agency to solicit my subcontracting opportunity to HUBs that may be available to perform the contract work. \_\_\_ - I provided notice to three (3) or more HUBs per each subcontracting opportunity that provide the type of work required for each subcontracting opportunity.\* - I provided notice to minority or women trade organizations or development centers to assist in identifying HUBs by disseminating subcontracting opportunities to their membership/participants.\* d. In the spaces provided below, list a minimum of three (3) State of Texas certified HUBs who you provided notice regarding the subcontracting opportunity you listed in Item 2b. Include the date(s) you provided notice and indicate if you received a response(s). **Company Name Notice Date** Was Response Received? \_\_1\_1\_\_1\_\_ - Yes - No \_\_1 \_\_1 \_\_ - Yes - No \_\_1 \_\_1 \_\_ - Yes In the space provided below, identify the subcontractor(s) you selected to perform the scope of work you listed in Item 2b. Also, list the expected percentage of work to be subcontracted; the approximate dollar value of the work to be subcontracted, and indicate if the company is a State of Texas certified HUB. Expected % Approximate Texas of Contract **Dollar Amount Certified HUB? Company Name** VID# - Yes - No Expected % Approximate **Company Name** of Contract **Dollar Amount** VID# Texas Certified HUB? - Yes - No Provide/Select justification if subcontractor(s) is not a Texas certified HUB: - Lowest Price - Best Qualified - Best Value

	ood Faith Effort Information a ote: Use this attachment for the			in <u>Item 2c.</u> )	
a.	Mentor Protégé Program A respondent's participation a Code, Chapter 2161.065 and Item 2c of this HSP, constitut you listed in Item 2c to you	the use of their Pro tes a good faith effor	tégé as a subcontrad	ctor to perform the scop	e of work they listed in
	- Yes (If Yes, skip to Iter	m 3e and omit Item	3b, 3c and 3d.)	No	Not Applicable
b.	Professional Services Cont My proposed HUB Subcontra Code 2254) meets or exceed	cting Plan for this p	rofessional services	contract (as defined by	
	Yes (If Yes, skip to Iter	m 3e and omit Item	3c and 3d.)	- No - Not	Applicable
C.	Check the appropriate box to to perform the scope of work effort. The contracting agency sh	you listed in Item 20	If applicable, all iter	ns below must be performe	d to demonstrate good faith
	- I utilized the Centralized the contracting agency contract work.				directories identified by e available to perform the
	- I provided notice to three required for each subc  - I provided notice to m  HIBs by disseminating	ontracting opportuni inority or women tra	ty.* ade organizations o		to assist in identifying
d.	In the spaces provided below regarding the subcontracting you received a response(s).	, list a minimum of t	hree (3) State of Tex	as certified HUBs who	you provided notice
Co	ompany Name		Notice Date	Was Respor	se Received?
_	<u> </u>		11	Yes	No
	<u></u>		11	Yes	No
e.	In the space provided below, Item 2c. Also, list the expect to be subcontracted, and indi	ed percentage of wo	ork to be subcontraction is a State of Texas of	ed; the approximate do certified HUB.	llar value of the work
Сс	ompany Name	VID#	Expected % of Contract	Approximate Dollar Amount	Texas Certified HUB?
_	_		%	\$	🗌 - Yes 🔲 - No
Cc	ompany Name	VID#	Expected % of Contract	Approximate Dollar Amount	Texas Certified HUB
CC	ompany Name	VID#	%	S S S S S S S S S S S S S S S S S S S	- Yes - No
Pr	 ovide/Select justification if s	ubcontractor(s) is	not a Texas certifie	d HUB:	
	Lowest Price	- Best Qualified	Best Value		

#### Good Faith Effort Information and Supporting Documentation (Note: Use this attachment for the Subcontracting Opportunity you identified in Item 2d.) a. Mentor Protégé Program A respondent's participation as a Mentor in a State of Texas Mentor Protégé Agreement under Texas Government Code, Chapter 2161.065 and the use of their Protégé as a subcontractor to perform the scope of work they listed in Item 2d of this HSP, constitutes a good faith effort. If applicable, do you intend to subcontract the portion of work you listed in Item 2d to your Protégé? - Yes (If Yes, skip to Item 3e and omit Item 3b, 3c and 3d.) - No Not Applicable b. <u>Professional Services Contracts Only</u> (This item is only applicable for professional services subcontracting opportunities.) My proposed HUB Subcontracting Plan for this professional services contract (as defined by Texas Government Code 2254) meets or exceeds Annual Procurement Utilization goals for HUBs. - Yes (If Yes, skip to Item 3e and omit Item 3c and 3d.) - No - Not Applicable c. Check the appropriate box to identify the good faith effort you made to solicit and notify State of Texas certified HUBs to perform the scope of work you listed in Item 2d. If applicable, all items below must be performed to demonstrate good faith effort. The contracting agency shall request additional documentation to substantiate your responses prior to contract award. - I utilized the Centralized Master Bidders List, the HUB Directory, the Internet, and other directories identified by the contracting agency to solicit my subcontracting opportunity to HUBs that may be available to perform the contract work. \_\_\_ - I provided notice to three (3) or more HUBs per each subcontracting opportunity that provide the type of work required for each subcontracting opportunity.\* - I provided notice to minority or women trade organizations or development centers to assist in identifying HUBs by disseminating subcontracting opportunities to their membership/participants.\* d. In the spaces provided below, list a minimum of three (3) State of Texas certified HUBs who you provided notice regarding the subcontracting opportunity you listed in Item 2d. Include the date(s) you provided notice and indicate if you received a response(s). **Company Name Notice Date** Was Response Received? \_\_1\_1\_\_1\_\_ - Yes - No \_\_1 \_\_1 \_\_ - Yes - No \_\_1 \_\_1 \_\_ - Yes In the space provided below, identify the subcontractor(s) you selected to perform the scope of work you listed in Item 2d. Also, list the expected percentage of work to be subcontracted; the approximate dollar value of the work to be subcontracted, and indicate if the company is a State of Texas certified HUB. Expected % Approximate Texas of Contract **Dollar Amount Certified HUB? Company Name** VID# - Yes - No Expected % Approximate **Company Name** of Contract **Dollar Amount** VID# Texas Certified HUB? - Yes - No Provide/Select justification if subcontractor(s) is not a Texas certified HUB:

\*Notice must be provided with reasonable time to respond, which is no less than five (5) working days, unless circumstances require a different time period, which is determined by the contracting agency and documented in the contract file.

- Best Qualified

- Lowest Price

- Best Value

(Note: Use this attachment for the Subcontracting Opportunity you identified in Item 2e.) a. Mentor Protégé Program A respondent's participation as a Mentor in a State of Texas Mentor Protégé Agreement under Texas Government Code, Chapter 2161.065 and the use of their Protégé as a subcontractor to perform the scope of work they listed in Item 2e of this HSP, constitutes a good faith effort. If applicable, do you intend to subcontract the portion of work you listed in Item 2e to your Protégé? - Yes (If Yes, skip to Item 3e and omit Item 3b, 3c and 3d.) - No Not Applicable b. <u>Professional Services Contracts Only</u> (This item is only applicable for professional services subcontracting opportunities.) My proposed HUB Subcontracting Plan for this professional services contract (as defined by Texas Government Code 2254) meets or exceeds Annual Procurement Utilization goals for HUBs. - Yes (If Yes, skip to Item 3e and omit Item 3c and 3d.) - No - Not Applicable c. Check the appropriate box to identify the good faith effort you made to solicit and notify State of Texas certified HUBs to perform the scope of work you listed in Item 2e. If applicable, all items below must be performed to demonstrate good faith effort. The contracting agency shall request additional documentation to substantiate your responses prior to contract award. - I utilized the Centralized Master Bidders List, the HUB Directory, the Internet, and other directories identified by the contracting agency to solicit my subcontracting opportunity to HUBs that may be available to perform the contract work. \_\_\_ - I provided notice to three (3) or more HUBs per each subcontracting opportunity that provide the type of work required for each subcontracting opportunity.\* - I provided notice to minority or women trade organizations or development centers to assist in identifying HUBs by disseminating subcontracting opportunities to their membership/participants.\* d. In the spaces provided below, list a minimum of three (3) State of Texas certified HUBs who you provided notice regarding the subcontracting opportunity you listed in Item 2e. Include the date(s) you provided notice and indicate if you received a response(s). **Company Name** Notice Date Was Response Received? \_\_1\_1\_\_1\_\_ - Yes - No \_\_1 \_\_1 \_\_ - Yes - No \_\_1 \_\_1 \_\_ - Yes - No In the space provided below, identify the subcontractor(s) you selected to perform the scope of work you listed in Item 2e. Also, list the expected percentage of work to be subcontracted; the approximate dollar value of the work to be subcontracted, and indicate if the company is a State of Texas certified HUB. **Approximate** Expected % Texas of Contract **Dollar Amount Certified HUB? Company Name** VID# - Yes - No Expected % **Approximate Company Name** of Contract **Dollar Amount** VID# Texas Certified HUB? - Yes - No Provide/Select justification if subcontractor(s) is not a Texas certified HUB: - Lowest Price - Best Qualified - Best Value

Good Faith Effort Information and Supporting Documentation

#### Good Faith Effort Information and Supporting Documentation (Note: Use this attachment for the Subcontracting Opportunity you identified in Item 2f.) a. Mentor Protégé Program A respondent's participation as a Mentor in a State of Texas Mentor Protégé Agreement under Texas Government Code, Chapter 2161.065 and the use of their Protégé as a subcontractor to perform the scope of work they listed in Item 2f of this HSP, constitutes a good faith effort. If applicable, do you intend to subcontract the portion of work you listed in Item 2f to your Protégé? - Yes (If Yes, skip to Item 3e and omit Item 3b, 3c and 3d.) - No Not Applicable b. <u>Professional Services Contracts Only</u> (This item is only applicable for professional services subcontracting opportunities.) My proposed HUB Subcontracting Plan for this professional services contract (as defined by Texas Government Code 2254) meets or exceeds Annual Procurement Utilization goals for HUBs. - Yes (If Yes, skip to Item 3e and omit Item 3c and 3d.) - No - Not Applicable c. Check the appropriate box to identify the good faith effort you made to solicit and notify State of Texas certified HUBs to perform the scope of work you listed in Item 2f. If applicable, all items below must be performed to demonstrate good faith effort. The contracting agency shall request additional documentation to substantiate your responses prior to contract award. - I utilized the Centralized Master Bidders List, the HUB Directory, the Internet, and other directories identified by the contracting agency to solicit my subcontracting opportunity to HUBs that may be available to perform the contract work. \_\_\_ - I provided notice to three (3) or more HUBs per each subcontracting opportunity that provide the type of work required for each subcontracting opportunity.\* - I provided notice to minority or women trade organizations or development centers to assist in identifying HUBs by disseminating subcontracting opportunities to their membership/participants.\* d. In the spaces provided below, list a minimum of three (3) State of Texas certified HUBs who you provided notice regarding the subcontracting opportunity you listed in Item 2f. Include the date(s) you provided notice and indicate if you received a response(s). **Company Name Notice Date** Was Response Received? \_\_1\_1\_\_1\_\_ - Yes - No \_\_1 \_\_1 \_\_ - Yes - No \_\_1 \_\_1 \_\_ - Yes In the space provided below, identify the subcontractor(s) you selected to perform the scope of work you listed in Item 2f. Also, list the expected percentage of work to be subcontracted; the approximate dollar value of the work to be subcontracted, and indicate if the company is a State of Texas certified HUB. Expected % **Approximate** Texas of Contract **Dollar Amount Certified HUB? Company Name** VID#

- Lowest Price - Best Qualified - Best Value

\*Notice must be provided with reasonable time to respond, which is no less than five (5) working days, unless circumstances

Expected %

of Contract

VID#

Provide/Select justification if subcontractor(s) is not a Texas certified HUB:

**Company Name** 

**Approximate** 

**Dollar Amount** 

- Yes - No

Texas Certified HUB?

- No

- Yes

require a different time period, which is determined by the contracting agency and documented in the contract file.

	od Faith Effort Information ote: Use this attachment for the			in <u>Item 2c.</u> )	
a.	Mentor Protégé Program A respondent's participatio Code, Chapter 2161.065 a Item 2c of this HSP, const you listed in Item 2c to you	nd the use of their Pro itutes a good faith effor	tégé as a subcontrad	ctor to perform the scop	e of work they listed in
	- Yes (If Yes, skip to I	tem 3e and omit Item	3b, 3c and 3d.)	No	Not Applicable
b.	Professional Services Co My proposed HUB Subcon Code 2254) meets or exce	tracting Plan for this pr	rofessional services	contract (as defined by	
	- Yes (If Yes, skip to I	tem 3e and omit Item	3c and 3d.)	- No Not	t Applicable
C.	Check the appropriate box to perform the scope of wo effort. The contracting agency	rk you listed in Item 20	If applicable, all iter	ns below must be performe	ed to demonstrate good faith
d.	contract work.  - I provided notice to the required for each su - I provided notice to	ncy to solicit my subconree (3) or more HUBs bcontracting opportuni minority or women traing subcontracting oppow, list a minimum of the	ontracting opportunity per each subcontracty.* ade organizations oportunities to their mothers.	ty to HUBs that may be cting opportunity that per development centers embership/participants.	e available to perform the rovide the type of work to assist in identifying you provided notice
0-	you received a response(s	).			
Co	mpany Name		Notice Date	·	nse Received?
			_/_/_	Yes	<u></u>
_			_'_'_	_	_
e.	In the space provided belo Item 2c. Also, list the expe to be subcontracted, and ir	ected percentage of wo	ork to be subcontract	ed; the approximate do	
Со	mpany Name	VID#	Expected % of Contract	Approximate Dollar Amount	Texas Certified HUB?
	<u> </u>		%	\$	Yes No
Co	mpany Name	VID#	Expected % of Contract	Approximate Dollar Amount	Texas Certified HUB
CU	inparty Name	VID π	%	S S S S S S S S S S S S S S S S S S S	- Yes - No
Pro	 ovide/Select justification i	f subcontractor(s) is	<del></del>	d HUB:	
		Best Qualified	Best Value		

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- Best Qualified

- Lowest Price

- Best Value

Good Faith Effort Information and Supporting Documentation (Note: Use this attachment for the Subcontracting Opportunity you identified in Item 2e.) a. Mentor Protégé Program A respondent's participation as a Mentor in a State of Texas Mentor Protégé Agreement under Texas Government Code, Chapter 2161.065 and the use of their Protégé as a subcontractor to perform the scope of work they listed in Item 2e of this HSP, constitutes a good faith effort. If applicable, do you intend to subcontract the portion of work you listed in Item 2e to your Protégé? - Yes (If Yes, skip to Item 3e and omit Item 3b, 3c and 3d.) - No Not Applicable b. <u>Professional Services Contracts Only</u> (This item is only applicable for professional services subcontracting opportunities.) My proposed HUB Subcontracting Plan for this professional services contract (as defined by Texas Government Code 2254) meets or exceeds Annual Procurement Utilization goals for HUBs. - Yes (If Yes, skip to Item 3e and omit Item 3c and 3d.) - No - Not Applicable c. Check the appropriate box to identify the good faith effort you made to solicit and notify State of Texas certified HUBs to perform the scope of work you listed in Item 2e. If applicable, all items below must be performed to demonstrate good faith effort. The contracting agency shall request additional documentation to substantiate your responses prior to contract award. - I utilized the Centralized Master Bidders List, the HUB Directory, the Internet, and other directories identified by the contracting agency to solicit my subcontracting opportunity to HUBs that may be available to perform the contract work. \_\_\_ - I provided notice to three (3) or more HUBs per each subcontracting opportunity that provide the type of work required for each subcontracting opportunity.\* - I provided notice to minority or women trade organizations or development centers to assist in identifying HUBs by disseminating subcontracting opportunities to their membership/participants.\* d. In the spaces provided below, list a minimum of three (3) State of Texas certified HUBs who you provided notice regarding the subcontracting opportunity you listed in Item 2e. Include the date(s) you provided notice and indicate if you received a response(s). **Company Name** Notice Date Was Response Received? \_\_1\_1\_\_1\_\_ - Yes - No \_\_1 \_\_1 \_\_ - Yes - No \_\_1 \_\_1 \_\_ - Yes - No In the space provided below, identify the subcontractor(s) you selected to perform the scope of work you listed in Item 2e. Also, list the expected percentage of work to be subcontracted; the approximate dollar value of the work to be subcontracted, and indicate if the company is a State of Texas certified HUB. **Approximate** Expected % Texas of Contract **Dollar Amount Certified HUB? Company Name** VID# - Yes - No Expected % **Approximate Company Name** of Contract **Dollar Amount** VID# **Texas Certified HUB?** - Yes - No Provide/Select justification if subcontractor(s) is not a Texas certified HUB: - Lowest Price - Best Qualified - Best Value

	aith Effort Information ar Use this attachment for the S			in <u>Item 2f.</u> )		
A re Cod in <b>It</b>	ntor Protégé Program espondent's participation as le, Chapter 2161.065 and i em 2f of this HSP, constitu vork you listed in Item 2f	the use of their Pro utes a good faith e	otégé as a subcontrad ffort. <b>If applicable, d</b>	ctor to perform the scop	e of work they listed	
	- Yes (If Yes, skip to Item	3e and omit Iten	n 3b, 3c and 3d.)	No	Not Applicable	
Му	fessional Services Contr proposed HUB Subcontrac vernment Code 2254) mee	cting Plan for this p	professional services	contract (as defined by	•	
	- Yes (If Yes, skip to Item	3e and omit Iten	n 3c and 3d.)	- No Not	Applicable	
HUE	eck the appropriate box to its to perform the scope of a faith effort. The contracting a rd.	work you listed in	Item 2f. If applicable,	, all items below must be pe	erformed to demonstrate	
	<ul> <li>I utilized the Centralized by the contracting agency the contract work.</li> <li>I provided notice to three work required for each selection.</li> <li>I provided notice to minor HUBs by disseminating</li> </ul>	to solicit my subcee (3) or more HUE subcontracting oppority or women trace	contracting opportunit as per each subcontra portunity.* le organizations or de	by to HUBs that may be acting opportunity that prevelopment centers to a	e available to perform provide the type of assist in identifying	
rega	ne spaces provided below, arding the subcontracting cate if you received a resp	list a minimum of opportunity you list	· three (3) State of Tex	as certified HUBs who	you provided notice	
	ny Name	oo (c).	Notice Date	Was Response Received?		
			_/_/_	Yes	No	
			_/_/_	Yes	No	
in <b>It</b>	ne space provided below, i em 2f. Also, list the expec k to be subcontracted, and	cted percentage of	work to be subcontra	icted; the approximate of		
Compar	ny Name	VID#	of Contract	Dollar Amount	Certified HUB?	
			%	\$	- Yes - No	
_	ny Name	VID#	Expected % of Contract	Approximate Dollar Amount	Toyon Contified IIID	
Compai			0. 00	Dollar Allibuilt	Texas Certified HUB	
Compai	,		<u></u> %	\$		
	/Select justification if su		%	\$		
	/Select justification if su		%	\$		



# Self Performance HUB Subcontracting Plan (HSP)

The contracting agency has determined that subcontracting opportunities are probable under this contract. However, in developing your HSP, which includes dividing the contract work into reasonable lots or portions to the extent consistent with prudent industry practices, if you have determined that you are able to fulfill the entire contract scope of work with your own equipment, supplies, materials and/or employees, your completion of this Self Performance HUB Subcontracting Plan is required.

- 1. Respondent and Solicitation Information
  - a. State Agency/University Name: Department of Information Resources
  - b. Respondent Name: MARK III Systems, Inc.

If yes, provide VID/Certificate #: 17604847974000

- d. Solicitation Number: DIR-SDD-TMP-070
- Provide an explanation documenting how you intend to fulfill the entire contract scope of work, without subcontracting (including the provision of goods and services) any portion of the work: MARK III Systems is an authorized vendor for all goods and services submitted in this proposal.
- 3. As an authorized representative of the company identified above, I affirm that in developing the HSP required for the solicitation referenced above, respondent is capable of fulfilling the entire contract scope of work with its own equipment, supplies, materials and/or employees. Respondent understands and agrees that, if awarded any portion of the solicitation referenced above.
  - any modifications to the HSP must be submitted to the contracting agency for prior approval;
  - if the HSP is modified without the contracting agency's prior approval, respondent will be in breach of the contract and subject to any remedial actions provided by Texas Government Code, Chapter 2161;
  - upon request by the contracting agency, respondent shall allow the contracting agency to
    perform on-site reviews of the company's headquarters or work-site where services are to be
    performed and provide the contracting agency with documentation that includes, but is not
    limited to evidence of existing staffing to meet contract scope of work, monthly payroll records
    showing company staff fully engaged in the contract, and licenses and certificates of
    employees qualified and used to perform the contract scope of work.

Signature:	_ Title: President		
Printed Name: Leslie Powell	Date: October 1, 2005		